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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td style="width: 70%;">10/597,880</td> </tr> <tr> <td>Filing Date</td> <td>Feb 4 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Fred A Vaccari</td> </tr> <tr> <td>Title</td> <td>Electronic Safety Device for</td> </tr> <tr> <td>Art Unit</td> <td>2/425</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>1367U101</td> </tr> </table>	Application Number	10/597,880	Filing Date	Feb 4 2005	First Named Inventor	Fred A Vaccari	Title	Electronic Safety Device for	Art Unit	2/425	Examiner Name		Attorney Docket Number	1367U101
Application Number	10/597,880														
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First Named Inventor	Fred A Vaccari														
Title	Electronic Safety Device for														
Art Unit	2/425														
Examiner Name															
Attorney Docket Number	1367U101														

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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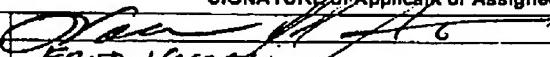
I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Fred Vaccari	Telephone	
Title and Company	GGF Sports Solutions Inc.	president	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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